



Fairway Pediatrics  
Dr. Jian Wang

## Financial Policies

- **Insurance:** We accept most of insurance plans. If you are not insured by a plan we have contracted with, payment in full is expected at each visit. If you are insured by a plan we have contracted with, but their system states your coverage is terminated for any reason, payment in full for each visit is required until we can verify your coverage. Once coverage can be confirmed, claims will be resubmitted and upon receipt of payment, a refund will be issued.
- **Co-payment/Co-insurance:** Co-payment and co-insurance MUST be paid at the time of service. Since this is part of contract with your insurance company, failure to collect payment can be considered fraud.
- **Deductible:** If you have not met your deductible, you are responsible to pay in full at the time of visit.
- **Non-covered services:** Some services you receive may be uncovered by your insurance carrier. You are obligated to pay the "PATIENT RESPONSIBILITY" portion for these services.
- **Benefits:** Please be aware our billing department is not responsible to know what your specific plan will or will not cover. Thus, knowing your benefits is ultimately patient's responsibility.
- **Newborns:** It is your responsibility to insure your newborn is promptly added to insurance. If your newborn does not have medical insurance on the date of service, you are responsible for the full balance to be paid at the time of service and no refund will be granted.
- **No Show Fee:** We reserve right to charge you no show or cancellation fee. Each patient will be charged \$25 for each no show.

***Please sign below to indicate your understanding and agreement with our financial policies.***

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Signature

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Date

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Print Name